

Trappe Borough

525 West Main Street Trappe, PA 19426
610-489-7181



OWNER AUTHORIZATION

(When the APPLICANT is not the owner of record, the following must be completed by the owner and the original form with the owner(s) signature(s) must be submitted with the permit application.
The Borough of Trappe will **not** accept faxed or photocopied Owner Authorization Forms.)

I (We) _____
(Name)

(Address)

(Home Phone) (Cell Phone) (Business Phone)

owners of the property located at: _____
(Site Address)

do hereby authorize: _____
(Contractor's name)

(Address)

(Business Phone) (Cell Phone) (Business Fax)

for the following work: _____

Dated: _____

(Owner's Signature)

(Print Name)

(Owner's Signature)

(Print Name)